

EEOC FORM 131 (11/09)

## U.S. Equal Employment Opportunity Commission

<b>Ms. Miriam J. Dybiec</b> <b>HR</b> <b>CLEVELAND CLINIC LERNER RESEARCH INSTITUTION</b> <b>9500 Euclid Ave</b> <b>Cleveland, OH 44195</b>	PERSON FILING CHARGE
	<b>Yusong Gong</b> THIS PERSON (check one or both) <input checked="" type="checkbox"/> Claims To Be Aggrieved <input type="checkbox"/> Is Filing on Behalf of Other(s)
	EEOC CHARGE NO. <b>532-2014-01535</b>

## NOTICE OF CHARGE OF DISCRIMINATION

(See the enclosed for additional information)

This is notice that a charge of employment discrimination has been filed against your organization under:

- ☐ Title VII of the Civil Rights Act (Title VII)
 ☐ The Equal Pay Act (EPA)
 ☒ The Americans with Disabilities Act (ADA)
- ☐ The Age Discrimination in Employment Act (ADEA)
 ☐ The Genetic Information Nondiscrimination Act (GINA)

The boxes checked below apply to our handling of this charge:

- ☐ No action is required by you at this time.
- ☐ Please call the EEOC Representative listed below concerning the further handling of this charge.
- ☒ Please provide by **25-AUG-14** a statement of your position on the issues covered by this charge, with copies of any supporting documentation to the EEOC Representative listed below. Your response will be placed in the file and considered as we investigate the charge. A prompt response to this request will make it easier to conclude our investigation.
- ☒ Please respond fully by **25-AUG-14** to the enclosed request for information and send your response to the EEOC Representative listed below. Your response will be placed in the file and considered as we investigate the charge. A prompt response to this request will make it easier to conclude our investigation.
- ☒ EEOC has a Mediation program that gives parties an opportunity to resolve the issues of a charge without extensive investigation or expenditure of resources. If you would like to participate, please say so on the enclosed form and respond by **06-AUG-14** to **Deanna R. Jackson, ADR Staff Mediator, at (216) 522-2420**. If you **DO NOT** wish to try Mediation, you must respond to any request(s) made above by the date(s) specified there.

For further inquiry on this matter, please use the charge number shown above. Your position statement, your response to our request for information, or any inquiry you may have should be directed to:

**Leona J. Smith,**  
**Acting Intake Supervisor**

EEOC Representative

Telephone **(216) 522-7515**

**Cleveland Field Office**  
**EEOC, AJC Fed Bldg**  
**1240 E 9th St, Ste 3001**  
**Cleveland, OH 44199**  
**Fax: (216) 522-7395**

Enclosure(s): ☒ Copy of Charge

## CIRCUMSTANCES OF ALLEGED DISCRIMINATION

- ☐ Race
 ☐ Color
 ☐ Sex
 ☐ Religion
 ☐ National Origin
 ☐ Age
 ☒ Disability
 ☐ Retaliation
 ☐ Genetic Information
 ☐ Other

See enclosed copy of charge of discrimination.

Date	Name / Title of Authorized Official	Signature
July 23, 2014	<b>Connie Davis,</b> <b>Acting Enforcement Manager</b>	CD/th

**EXHIBIT**  
**A**

EEOC Form 5 (11/09)

<b>CHARGE OF DISCRIMINATION</b> <small>This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.</small>		Charge Presented To:      Agency(ies) Charge No(s): <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC <b>532-2014-01535</b>	
<b>Ohio Civil Rights Commission</b> and EEOC <small>State or local Agency, if any</small>			
Name (indicate Mr., Ms., Mrs.) <b>Ms. Yusong Gong</b>		Home Phone (Incl. Area Code) <b>(734) 913-0977</b>	Date of Birth <b>10-14-1963</b>
Street Address      City, State and ZIP Code <b>4937 North Ridgeside Circle      Ann Arbor, MI 48105</b>			
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)			
Name <b>CLEVELAND CLINIC FOUNDATION</b>		No. Employees, Members <b>500 or More</b>	Phone No. (Include Area Code) <b>(216) 444-3900</b>
Street Address      City, State and ZIP Code <b>9500 Euclid Avenue      Cleveland, OH 44195</b>			
Name <div style="border: 1px solid black; padding: 5px; text-align: center; width: fit-content; margin: 0 auto;"> <b>RECEIVED</b>  <b>JUL 22 2014</b>  <b>EEO - EEOC</b> </div>		No. Employees, Members	Phone No. (Include Area Code)
Street Address      City, State and ZIP Code			
DISCRIMINATION BASED ON (Check appropriate box(es)) <input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input type="checkbox"/> RETALIATION <input type="checkbox"/> AGE <input checked="" type="checkbox"/> DISABILITY <input type="checkbox"/> GENETIC INFORMATION <input type="checkbox"/> OTHER (Specify)		DATE(S) DISCRIMINATION TOOK PLACE Earliest      Latest <b>08-11-2013      08-11-2013</b> <input type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)): <p>On September 24, 2012, I was hired by the above named Respondent. My most recent position was Sr. Research Technologist. On August 11, 2013, I was discharged.</p> <p>In October 2012, I was diagnosed with a medical condition. On February 20, 2013, I submitted a medical restriction note to my supervisor, Timothy Mishrall. On March 10, 2013, I met with Mirian Dybies, Human Resources, and she informed me that I could no longer perform my job duties with the restrictions and forced me to take short term medical leave immediately.</p> <p>On August 11, 2013, I was discharged from my employment.</p> <p>I believe I was discharged due to my disability in violation of the Americans with Disabilities Act of 1990, as amended.</p>			
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures. I declare under penalty of perjury that the above is true and correct.		NOTARY – When necessary for State and Local Agency Requirements  I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT  SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)	
Date      Charging Party Signature <b>7/14/2014</b> <i>[Signature]</i>			